



## Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact [support@jstor.org](mailto:support@jstor.org).

## PUBLIC HEALTH REPORTS.

### SUMMARY OF SANITARY REPORTS.

#### *Status and progress of epidemics.*

*Asiatic cholera.*—Reports recently received do not show any extension of cholera outside of India and Turkish and Russian territory, with the exception of isolated cases in Persia. In India the site of chief prevalence is in Bengal, preeminently the standing focus of cholera diffusion, and particularly at Calcutta, the leading commercial center of the country. The extension of the disease across Turkey in Asia to its advance line in European Russia is along one of the two regular routes the malady has taken in the past in its travel toward Europe.

The other route, the quicker one, namely, by water to the shores of the Red Sea and the Mediterranean, remains uncontaminated by cholera. The disease has not advanced beyond the extreme southwestern provinces of Russia in the present diffusion outside its natural endemic boundaries at the mouths of certain great Asiatic rivers, particularly the Delta of the Ganges.

The report of 3 deaths from Asiatic cholera at Teheran, May 12, is of more than ordinary interest because the capital of Persia is situated on one of the principal cholera routes. The streets of Teheran are badly paved and the houses are mostly built of earth. At the present season of the year, Teheran generally becomes so unhealthy that many of the residents, including most members of the upper classes, leave the city to encamp on the plains of Sultaneeyah, 150 miles to the northwest. In the march of the great cholera epidemic of 1892-1895, which started March, 1892, at the Hardwar fair, a gathering of pilgrims in the upper Ganges, the disease spread through Afghanistan to Meshed, the great manufacturing town for Persian velvets, and thence in three different directions, one of which was to Teheran, the other two directions up and down the Trans-Caspian Railroad.

*Yellow fever.*—Upon arrival of the steamship *Seguranca* at New York from Colon, June 7, a passenger with yellow fever was removed to Swinburne Island Quarantine Station, where he died in quarantine. This is the third death from yellow fever that has occurred at quarantine stations within the boundaries of the United States this season. The other two cases, mentioned in last week's summary, came from Puerto Cortez on the Norwegian steamship

*Hiram*, bound for Mobile, and have since died at the National Quarantine station, Ship Island, Mississippi.

In past times similar occurrences would have given rise to apprehension, but at present, with a more complete knowledge of the etiology of yellow fever, the importation of a case of the disease into a section outside the habitat of the *Stegomyia fasciata* is not regarded as of great moment, and even within the range of that mosquito it is generally admitted that, with a rational prophylaxis designed to prevent access of mosquitoes to the patient, there is very little danger of the diffusion of the disease even inside the bounds of quarantine, the risk, it is held, being in any case due to faults in the preventive measures practiced.

The latest reports from Belize, British Honduras, and Puerto Cortez, Honduras, give no cases of yellow fever since the last summary was prepared. General sanitation is being attended to according to modern ideas of the etiology of yellow fever, and petroleum, appropriate fumigation, and mosquito bars have been adopted.

As soon as it became known that there was yellow fever at Belize and Puerto Cortez protective measures were instituted in Guatemala, a country mostly mountainous, and in such sections notably healthy, but which, unfortunately, has a strip of marshy coast land in the north-east extending between British Honduras and Honduras. It is in this section of Guatemala that the ports of Santo Tomas and Livingston are situated along the coasting route between Belize and Puerto Cortez. But in spite of all precautions, yellow fever has appeared at Livingston, Guatemala, as shown by a telegram dated June 10. One case only was reported.

In Panama, there were 4 cases with no deaths at the city of Panama between May 26 and May 31, and 6 cases with no deaths at Colon from May 15 to 31.

The report from the superior council of health of the Republic of Mexico for the week ending June 3 states that yellow fever does not exist anywhere in Mexico, no cases having occurred during the week in question at Tierra Blanca, the place where the disease was last reported present.

*Bubonic plague.*—In the latter half of May, 2 cases of plague occurred at Hilo, on the east coast of Hawaii, the southernmost and easternmost of the Hawaiian Islands. In importance and population Hilo is second to Honolulu alone. Its harbor is the only anchorage on the east side of Hawaii Island. The last case of plague in the islands was a fatal one, early in March at Aiea, near Honolulu.

According to the official bulletin of the quarantine council of Egypt, there was another case of plague, May 12, at Alexandria, in the person of a youth who arrived three days before from Zifite, a place of about 11,000 inhabitants, situated on the Nile, half way between Cairo

and the sea, and connected with Alexandria by railroad. The boy died in the hospital. As showing the importance of Alexandria from a sanitary point of view, it is interesting to record that during the month of March 184 vessels arrived at that port, carrying 7,184 passengers.

Of the merchant steamers 63 were British, 16 Italian, 16 Austrian, 3 Swedish, 9 Turkish, 1 Spanish, 12 Greek, 9 French, 8 Russian, 10 German, and 2 Belgian. There were among the arrivals 1 American, 1 English, and 2 French yachts, and 23 Turkish and 6 Greek sailing vessels. The departures consisted of 203 vessels with 4,520 passengers, among them 800 British soldiers on a transport. With a view to the destruction of rats the holds of 4 British steamers were disinfected. Among the vessels arriving 25 were cattle ships from Syria and Turkey in Europe. These vessels were also disinfected. In April 217 vessels, carrying 32,543 passengers, arrived at Suez from the south; 196 vessels, with 20,747 passengers, passed through the canal to the north; and 14 vessels, having 11,038 passengers, made the transit of the canal from south to north in quarantine.

Two Greeks were under treatment for plague May 17 at Damanhour, a city of about 20,000 inhabitants in Lower Egypt, on the railroad halfway between Alexandria and Kafr Zayat, 10 miles south of the Alexandria canal. At Kom el Aroum, in the province of Kalioubieh, there were 2 new cases of plague May 8 and 10, and no further cases after that to May 18, the date of the latest information.

In Cape Colony, for the fortnight ending May 11, there were 8 new cases at East London. One was a native found after death at King Williams Town, where he had lately arrived from East London. At Port Elizabeth there was one death in hospital during the week ending March 25. Rat examination is rigorously practiced at these places as well as at Cape Town. In Natal there was 1 new case during the week ending March 25, and the totals to May 11 stand 26 cases, 19 deaths, and 5 recoveries.

At Aden, Arabia, from April 7 to 14, there were 5 cases, all fatal. A telegram, dated June 7, from the consul at Aden states briefly that the plague is over.

A communication from the British sanitary delegate to the quarantine council of Egypt, under date of May 11, states that ten days had then expired since the recovery of the last case of plague at Bassein, Burmah.

In Hongkong Colony, outside the city of Victoria, one Chinaman died of plague during the week ended April 15.

From India the same dismally large figures are reported from week to week. At Bombay, April 15 to 20, there were 994 cases and 861 deaths. The previous week, 203 cases and 172 deaths were registered at Karachi. Outside the presidency of Bombay, 192,112 pest deaths

were recorded from March 16 to April 13, distributed throughout the country, the highest figures being for Bengal (Calcutta, 2,406 deaths), the United Provinces, Punjab, the Central Provinces, and Radjputana.

In the presidency of Madras there were 338 deaths. At Chhandbali, according to a telegram communicated to the maritime and quarantine council of Egypt by the English sanitary delegate, ten days had elapsed, May 8, since the last death there from plague. Reports from April 21 to 28 showed 1,254 cases of plague at Bombay, with 1,109 deaths.

#### GENERAL SANITARY INFORMATION.

*Aerial dissemination of smallpox around smallpox hospitals.*—The question of the spread of smallpox by aerial convection has been discussed with great interest at late meetings of the Epidemiological Society of England. A report to the local government board on smallpox in Gateshead and Felling in relation to Sheriff Hill smallpox hospital resulted in the conclusion that the use of this hospital was responsible, directly or indirectly, for a material portion of the epidemic in Gateshead and Felling. As the result of a report made as long ago as 1886 to the local government board on the incidence of smallpox in London, the subject of hospital influence in variola diffusion was brought into prominence in London.

Methods of calculating the incidence by the number and location of houses invaded and the intensity within certain radii have formed the subject of discussion by the epidemiological society. Of interest in this connection is the report of the board of health of Philadelphia on the spread of smallpox from the old municipal hospital, notwithstanding the efforts to prevent such dissemination. The influence of the hospital upon the occurrence of the disease in the surrounding neighborhood is well illustrated by the returns for the years 1901, 1902, and 1903.

*Relapsing fever.*—The consular sanitary reports from St. Petersburg, Moscow, and Odessa, Russia, indicate the continuance of relapsing fever in those cities. During the fortnight ending May 13 88 cases with 5 deaths from the disease occurred in Moscow and 81 cases with 1 death at Odessa. At St. Petersburg there were in the week ending May 6 19 cases and 4 deaths. The disease has been well recognized in Russia for fifty years and it is noteworthy that the malady has not been introduced into the United States since 1869, notwithstanding the considerable immigration. Immigrants from the British Isles brought the disease to America in the past, but relapsing fever never moved far from the initial focus nor showed a tendency to become endemic where introduced in this country. Certain epidemics in Ireland and Scotland in the early half of the eighteenth century appear to be the oldest known references to the disease.